

Viamed Ltd  
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# Viamed Ltd



**Delivery Address**  
 Grange University Hospital  
 324551 GUH Receipts  
 And Distribution Stores  
 Llanfrehfa Grange  
 Cwmbran  
 NP44 8YN

**Invoice Address**  
 Aneurin Bevan University Health Board  
 342049 Accounts Payable OCR ABHB  
 PO Box 114  
 Pontypool  
 NP4 4DJ

**Contact Name** : Procurement  
**Contact Tel** : 01633493100  
**Account** : CID19789  
**Customer Reference** : 33943617  
**Date** : 03 Nov 2023  
**Priority** : 3  
**Due Date** : 03 Nov 2023  
**Priced In** : UK Pounds

## Order Confirmation CVM146492

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CIP Carriage and Insurance Paid To Grange University Hospital, UK \* Incoterms(R) 2020

Your Viamed Contact for this Order Confirmation : sophie.lines@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114007	EyeMax 2 Neonatal Phototherapy Mask - Micro Ref. R300P03 Pack of 20	1	55.30	11.06	66.36
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	1	55.30	11.06	66.36
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	1	55.30	11.06	66.36
PPUPS1	UPS Courier Delivery - Standard	1	10.00	2.00	12.00

**Total Net:** 175.90  
**Total Vat:** 35.18  
**Total:** 211.08

**Banking details**  
 Bank BIC  
 Sort Code Barclays Bank PLC  
 Account Number 20-78-42  
 IBAN 00906662  
 BIC GB05BUKB20784200906662  
 BIC BUKBGB22  
 Terms and conditions <https://www.viamed.co.uk/terms>

Terms: Net 30 days from date of invoice.  
 Full invoice amount to be credited to our account net of all bank charges.  
 Claims: Please claim non delivery within 7 days of invoice.  
 Shortages or damage within 3 days of receipt.  
 Claims after these times cannot be entertained.  
 Title to goods does not pass until payment in full has been received.